



Performance Standards

Drug & Alcohol Partial Hospitalization Program

Performance Standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression toward best practice performances, to increase the consistency of service delivery and to improve outcomes for members

Disclaimer: These Performance Standards should not be interpreted as regulations. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization in order to be eligible for payment for services.

PERFORMANCE STANDARDS

DRUG AND ALCOHOL PARTIAL HOSPITALIZATION PROGRAM

Final
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Community Care is committed to developing performance standards for specific levels of care in an effort to clearly identify and communicate performance expectations and promote consistency across like programs. In our work with drug and alcohol partial hospitalization providers and other stakeholder groups, Community Care has noted a wide degree of variance in the core components of drug and alcohol partial hospitalization programs throughout the provider network. One of the principal goals of this document is to identify basic performance expectations for this level of care in order to promote consistency between programs. These standards are intended to clarify performance expectations and define the parameters of reasonable standards of practice for the provision of drug and alcohol partial hospitalization services. These standards are to serve as a tool to promote continuous quality improvement and progression toward promising practice standards. These standards are not to be interpreted as regulations, but instead are to add to the foundation provided by current licensing guidelines and regulations.

General Program Description:

The Pennsylvania Client Placement Criteria define Partial Hospitalization service as an organized non-residential treatment service providing psychiatric, psychological and other therapies for individuals who require more intensive services than outpatient and intensive outpatient, but who do not require 24-hour residential care. Drug and alcohol partial hospitalization services are not in-plan services in the HealthChoices Program. Community Care, in partnership with some counties, has chosen to offer partial hospitalization services as a supplemental service in order to enhance the continuum of drug and alcohol services available to consumers, serving consumers in the least restrictive setting required to meet their needs.

Partial hospitalization services consist of regularly scheduled treatment sessions at least 3 days a week, with a minimum of 10 hours a week and a maximum of 40 hours a week. Because partial hospitalization services are defined as more intensive than outpatient or intensive outpatient but less intensive than residential care, Community Care expects participation to be a minimum of three hours per day and a maximum of six hours per visit. However, we recognize that consumer issues beyond the control of the provider may impact one's level of participation. Providers are expected to address factors prohibiting participation at the recommended intensity with consumers and reassess the

appropriate level of care, given the consumer's readiness and or availability for participation when participation is an issue for at least two weeks. While lengths of stay may vary depending upon the individual needs of the member as well as the intensity of the program, one goal in developing performance standards is to establish general expectations regarding average lengths of stay across network providers. Establishing expectations regarding average lengths of stay is also very useful in helping consumers to have clearer expectations of treatment programs and the overall continuum of treatment services in the drug and alcohol service system.

Community Care defines two general program models eligible for participation in HealthChoices for partial hospitalization services: specialized or non-acute partial programs and acute partial programs.

Non-acute or Specialized Partial Hospitalization Services

- A non-acute or specialized partial program is one that focuses on a targeted population or serves individuals not in need of acute partial services. Examples of targeted populations include women with children and individuals involved in the criminal justice system. Consumers with serious and persistent mental illness as well as an addiction disorder are sometimes served in specialized partial programs. Such programs also serve consumers stepping down from acute partial hospitalization programs.
- Consumers must meet the PCPC or ASAM criteria for partial hospitalization services to be admitted to this level of care.
- Non-acute or specialized partial hospitalization programs are expected to offer an intensive flexible treatment schedules, and are to provide an alternative to inpatient care and a step-down from inpatient or residential services.
- Services include at least two 30-minute individual session's weekly, two group sessions weekly and family sessions as appropriate, and psychotherapeutic group activities.
- Consumers may participate in self-help support groups with partial staff support as part of the partial hospitalization programming.
- The expected average length of stay for consumers successfully completing the program in longer term, specialized partial programs is approximately three months, with the range being from 1-6 months.
- The typical utilization review process for specialized partial programs is precertification prior to admission, an initial continuing stay review at 30 days,

followed by a subsequent continuing stay review at 60 days, with reviews up to twice monthly thereafter at the discretion of the care manager.

- The level of intensity of program participation may lessen over the course of treatment as consumers prepare to transition to less intense levels of care. However, consumers must continue to meet the PCPC criteria for partial hospitalization services throughout the course of treatment.
- Transition planning from a specialized partial may be to an intensive outpatient program, to a regular outpatient program, or to community based necessary services or supports.
- The consumer to full-time counselor ratio for partial hospitalization services is not to exceed a 10:1 ratio.

Acute Partial Hospitalization Services

- Acute partial hospitalization programs may serve consumers who do not meet medical necessity criteria for inpatient medically monitored or managed detoxification or medically monitored rehabilitation by offering intensive clinical programming and ambulatory detoxification services for those consumers who may need help in safely withdrawing from substances. Providers need not necessarily offer ambulatory detoxification in their acute partial program, but are expected to provide a comprehensive service description detailing program components.
- Acute partial hospitalization programs are expected to offer a level of service intensity above the non-acute standards, such that the program may be used as a diversion from or alternative to a residential rehabilitation admission, especially when the need for residential services is questionable or a consumer is unable to participate in a residential program. Acute partial programs are also expected to offer a treatment alternative for consumers stepping down from a residential facility, especially those with a history of poor treatment adherence, multiple relapses and admissions to higher levels of care.
- Admission Criteria to an acute partial hospitalization program includes:
 - Consumer meets PCPC for adults or ASAM for adolescents for partial hospital level of care; and
 - Consumer exhibits acute symptomatology that would indicate that the consumer would otherwise be likely to be treated in an inpatient or residential setting; and
 - Consumer cannot be safely treated in a less restrictive setting; and
 - Consumer is in acute distress related to acute symptoms of withdrawal; and/or
 - Consumer is in need of detoxification and can be safely managed in an ambulatory setting, and/or

- Consumer has a co-occurring mental health and addictive disorder and symptoms for which the primary intervention of choice is acute treatment of both disorders
- Comprehensive treatment plans should be developed within the first seven days of admission to an acute partial program.
- Acute partial programs must provide at least one staff member for every six consumers, ensuring the availability of an intensive treatment program schedule. Staff must include those with clinical, medical and support service expertise.
- Acute partial programs must provide physician coverage during the program's operating hours. Members should be seen by a physician (psychiatrist or internist with addiction certification) at least twice per week. On-site coverage must meet the needs of the current consumers in the program and should vary, based on consumer needs and current census of the program. Physicians may provide coverage via on-call or telephone coverage, but must be available to see consumers on-site as needed.
- Acute partial hospitalization services include group therapies, individual counseling, family counseling when indicated, and medical evaluations and medication monitoring by a nurse and/or physician. Physician services are included in the acute partial model and in the rate of reimbursement. It is to be an all-inclusive service. If ambulatory detoxification services are offered, consumers are seen daily by a nurse and/or physician until such time that a physician deems it no longer necessary to assess a consumer daily. A "crisis plan" or "relapse prevention plan" must be developed for each participating consumer and include input from the consumer.
- Acute partial hospitalization staff are expected to work very closely with case management and CTT providers when appropriate to ensure that arrangements are being made to address the additional support services needed by consumers. If consumers are not connected with a case management provider, providers should work with consumers to explore case management services and offer to assist the consumer with arranging additional support services.
- Weekly case reviews and/or treatment team meetings are conducted by the program staff to discuss when consumers are ready to transition to less intense services. In general, consumers are ready to step down to non-acute or specialized partial programs when no longer experiencing physical withdrawal symptoms, and/or when demonstrating an ability to cope with urges to use and achieving a minimum of two weeks of abstinence, or when co-occurring psychiatric conditions have stabilized.
- Community Care must be contacted for precertification of admissions to partial hospitalization programs.
- The expected length of stay in an acute partial program is 20 treatment days over a period of 4-6 weeks. Ideally, consumers participate at a very intense level (i.e. five days a week, six hours a day) for a short period of time (1-3 weeks) and transition to a non-acute or specialized partial hospitalization program, as determined by the PCPC.
- Acute partial hospitalization providers are to conduct utilization reviews with Community Care every week. Transition planning is expected to occur, as the initial treatment plan is being developed in order to plan for the successful transition to a less intensive level of care such as intensive outpatient services within 4-6 weeks of admission.

- To seek approval as an acute partial hospitalization program, providers must submit detailed service descriptions to Community Care for review, demonstrating adherence to these program expectations.

Both types of partial hospitalization programs are expected to operate as a treatment oriented models with an emphasis on facilitating recovery. The majority of time in the daily program schedule is to be comprised of treatment oriented activities such as individual, group, and family therapies. While other activities such as education groups, lectures, and twelve-step meetings are important in creating an environment conducive to supporting recovery, such activities are not to comprise the majority of the treatment day and are compensable services only when directly facilitated or conducted by partial staff. The treatment day for both types of partials is expected to consist of a minimum of two therapeutic groups. Each consumer should participate in at least two individual sessions per week, with more frequent sessions common in acute programs. A family group comprised of psychoeducational, as well as psychotherapeutic interventions should be available at least one time per week. In addition, individual family sessions should be made available on an as needed basis. All drug and alcohol partial hospitalization programs are expected to have psychiatric services available to the extent of the clinical need of the population to be served. If a provider is unable to meet this expectation, the reasons must be clearly identified in the program description and the specific arrangements made by the provider to ensure that all participating consumers get needed psychiatric services must be clearly identified. The amount of available physician time must be adequate to meet the clinical needs of the population being served. Each program should document their assessment of clinical needs for psychiatric time and be able to demonstrate program adjustments made to address identified needs.

The purpose of these performance standards is not to replace or duplicate other regulatory or licensing guidelines for this level of care. All programs are required to be licensed by the Pennsylvania Department of Health. All providers must maintain a safe, secure and comfortable treatment setting for staff and consumers. Services are expected to be rendered in a manner consistent with CASSP, CSP, BDAP and Recovery Principles. Written standards for physical plant safety should be developed by each program, in accordance with Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs licensure.

All drug and alcohol partial hospitalization programs which receive reimbursement under the Medical Assistance HealthChoices program must have a current MA provider Type 80 agreement with the Community Care (CCBH) and the Department of Public Welfare. As a condition of MA enrollment, providers of drug and alcohol partial hospitalization services must comply with the Chapter 1101 general provision MA regulations of all providers.

Program Specific Service Descriptions:

Each drug and alcohol partial hospitalization program is expected to have a comprehensive service description that clearly identifies the guiding principles of the program, the general treatment model, core interventions offered by the program, and the

targeted population. The service description should be reviewed at least annually by the program director or supervisor and revised as needed. The service description should be routinely reviewed with potential referral sources in order to enable referral sources and case managers to help consumers make informed decisions as to what provider matches best to the consumers needs.

When programs propose to offer both levels of partial hospitalization services, the program service descriptions must clearly specify the implementation plan and program management functions to ensure that the dual tracks meet the above requirements.

Program specific service descriptions are expected to adhere to the Bureau of Drug and Alcohol Program (BDAP) Principles by including descriptions as to how the program operates to be in compliance with each of the following principles:

- **A continuum of care comprised of specialized service components.** If the partial program is not a part of an organization that offers a broad continuum of care, the program should have the ability to access any needed level of care through service coordination linkages with other service organizations. Such linkages need to be reflected in appropriate letters of agreement between providers.
- **Close linkages with primary health services and other behavioral health care services.** These close linkages will allow for better coordination of care for the member. For example, a program serving pregnant addicts is expected to have a written consulting agreement with an OB/GYN practitioner.
- **Identified and well-publicized initial points of contact within the treatment system.** This is necessary to assure timely access to treatment.
- Treatment should be consumer specific, and guided by an individualized treatment plan. The consumer should be included in the writing of the treatment plan and work with the provider in partnership to develop a treatment plan that meets their individual needs for recovery. Treatment plans should serve as the working map for accomplishing goals. A copy of the treatment plan should be given to the consumer. When consumers are in agreement, treatment planning should include family/significant others when appropriate and meaningful.
- Program service descriptions should demonstrate an understanding of and a commitment to the incorporation of recovery principles in all aspects of service delivery.
- Partial hospitalization programs are expected to make every effort to provide treatment services during hours that meet the needs of the consumers they serve, taking into account other consumer time commitments, such as employment and school schedules.
- The program service description and the program daily schedules should provide evidence of the intent of the program to offer non-traditional hours in response to

consumer needs. Evening and weekend hours should be available as deemed necessary by the current needs of the consumers being served in the program and should reflect the clinical intent of the program. If non-traditional program hours are not offered, evidence that consumers are advising against such a schedule should be maintained by the provider.

- The treatment program should have a 24-hour on-call procedure in the event of emergency situations. This procedure should be reviewed with the client at the time of admission.
- All partial programs are expected to have written policies and procedures in place to demonstrate compliance with the provisions of the state confidentiality regulations for substance abuse service providers.
- The program description, including program goals, must be written and made available to consumers and payers if requested.
- Consumers should receive some written information about the partial program at intake. The focus and goals of the program should be reviewed with consumers at the time of the initial assessments and documentation should be maintained.
- Service descriptions must to be updated annually.

The following standards have been identified for each of the significant stages of the treatment process the consumer moves through.

ACCESS STANDARDS:

All partial providers are expected to ensure timely access to care. Partial providers are expected to offer access within seven days for routine referrals to this level of care. Partial providers are expected to work very closely with referral sources to ensure that consumers identified as in need of this level of care do have access to care within the HealthChoices access standards. In the event that a partial provider receives a referral and is unable to offer an appointment within the access standard, the partial provider is expected to communicate with the referral source and/or the consumer about the length of the access delay in order for alternatives to be explored with the consumer in a timely manner. Consumers can always chose to wait for a provider, but must be given sufficient detail as to the anticipated availability date to make an informed decision. Partial hospitalization providers are also expected to notify Community Care when unable to provide timely access.

INTAKE AND ADMISSION PROCEDURES:

- Admission into this level of care is based upon the Pennsylvania Client Placement Criteria or ASAM Criteria, and requires telephonic preauthorization with Community Care prior to the admission.

- Each program is expected to have admission criteria in place consistent with the PCPC for partial hospitalization services. Acute partial hospitalization programs and non-acute or specialized partial programs must have admission criteria consistent with the service descriptions included in this document.
- The program's admission criteria should identify the target population to be served by the project, and include age, sex, and special needs. Exclusionary criteria should also be included in the written plan that identifies the limitations of the program.
- Active transition planning is to be initiated upon admission to the program. Transition planning begins with identification of the member's clinical needs based upon their history of substance abuse and current usage patterns and identification of the goals for the current course of treatment. All appropriate available treatment options should also be discussed with the consumer. All of the above should be appropriately documented in the consumer file. Clinical staff are expected to incorporate adherence and motivational strategies in preparing consumers for the next level of care.
- All applicable PCPC Summary sheets should also be completed and recorded on file.
- Service engagement begins with the initial contact with the consumer. Providers are expected to be attentive to the impact of the admission and intake process on engaging the consumer in the program.

Intake procedures are to include documentation of:

- Disclosure to consumers of criteria for admission, treatment, and completion/discharge. Disclosure may be documented in initial progress notes, the consent to treatment, or consumer orientation materials.
- Discussion of consumer rights and responsibilities in the program should occur during intake and reviewed as needed with the consumer throughout treatment. Consumers should be given clear written materials explaining their rights and responsibilities, including the provider's process for consumers to report any dissatisfaction with services.

Consumer orientation to the program. The orientation should include but is not limited to a review of program policies, hours of operation, services provided, fee schedule if appropriate, rights and responsibilities of the consumer, estimated length of stay in the program, criteria for completion, termination, and transition planning information.

ASSESSMENT

- A comprehensive biopsychosocial assessment of each consumer should be completed as outlined in the Pennsylvania Department of Health Division of Drug and Alcohol Program licensure standards within seven days of admission to the program. The comprehensive assessment is to include an assessment of the consumer's strengths, a clear description of the consumer's presenting problem, identification of supportive others in the consumer's life, identification of possible impediments to treatment, an

assessment of the consumer's attitude toward and ability to participate in the treatment process, and a discussion of what treatment interventions have been most helpful in the past. During the assessment of the consumer's social supports, the provider should provide information about available peer and family support groups available to the consumer and/or family/significant others, to further assist the consumer in the recovery process.

- Partial providers are expected to work with consumers to obtain permission and signed releases to seek information from previous treatment providers to aid in the assessment and treatment planning process.
- The initial assessment should include a MISA screening of the possible existence of co-occurring substance abuse and mental health service needs. All partial hospitalization staff must be trained on the core components to screening for co-occurring disorders. In the event that mental health issues are identified, the partial provider should conduct comprehensive MISA assessments of identified consumers. The program must have staff properly trained to conduct comprehensive MISA assessments. If the need for mental health treatment is indicated, the partial provider must work collaboratively with a mental health provider to ensure a well coordinated approach to service delivery. Acute partial programs are expected to be able to address the mental health as well as addictive disorder symptoms of consumers.
- The assessment of any family needs should also be addressed during the initial week of treatment. Appropriate referrals of children, or spouses to other services should be made by the partial program.
- Partial hospitalization providers are expected to talk to consumers about the value of obtaining a physical examination when entering treatment. Providers should conduct basis health screenings as part of their intake processes. Providers must make every effort to obtain authorizations from consumers to obtain medical records to assist with treatment planning.
- All consumers should be referred to their primary care physician (PCP) for the coordination of health care and prescription needs. Partial providers are expected to seek permission and a written release from all consumers for the purpose of maintaining communication with the PCP in regard to any health care needs. Communication of the consumer's clinical status is important in the treatment of substance abuse. If a consumer refuses to give consent for such communication and coordination between the PCP and partial hospitalization provider, the provider must maintain documentation of this discussion with the consumer.
- During the initial assessment process, partial providers are to obtain the consumer's consent to treatment and releases of information essential to the treatment planning process. All consents and other pertinent documents should be completed, signed, and

incorporated in the consumer record. A release of information should attempt to be obtained for the most recent treatment provider, especially for those consumers who have been in the same or higher level of treatment within the past 60 days. The importance of this in developing a treatment plan should be explained to the consumer. This communication will allow for better coordination of care for those who may be high service utilizing consumers.

- All psychosocial assessments are to be reviewed and signed by a physician working with the partial hospitalization program.

SERVICE ENGAGEMENT THROUGHOUT THE COURSE OF TREATMENT

Partial providers are expected to work actively to engage consumers in the treatment program, beginning during the initial assessment and continuing throughout the course of treatment. When regular attendance is an issue, providers are expected to address the issue directly with consumers, attempt to identify possible barriers to participation, and take action to address such barriers to the extent possible. When a consumer fails to fully participate in all of the program activities, the issue should be discussed with the consumer in individual sessions. Providers should document all efforts to promote full engagement of the consumer in the treatment program in the consumer's medical record.

TREATMENT AND REHABILITATION PLANNING

- Partial providers are expected to use the comprehensive biopsychosocial assessment and the information obtained regarding previous treatment services as the foundation for the development of a treatment plan. The needs identified throughout the assessment process must be clearly addressed in the treatment plan. The treatment plan is also expected to demonstrate an understanding and utilization of the consumer's strengths and be individualized based on the consumer's input and identified goals for participating in the program.
- Consumers are to fully participate with the treatment team in the development of their treatment and rehabilitation plans. Consumers should be engaged via Motivational Interviewing Techniques to assess their situation and state their goals for treatment. Providers are expected to document their specific methods for eliciting consumer collaboration. The final written document is to be shared with the consumer. The consumer and/or family members should sign treatment plans when applicable and appropriate. Such a plan should also identify critical consumer problems and strategies for their resolution.
- Initial treatment plans are to be complete within the first 7 days of treatment, with a comprehensive plan completed within 15 treatment days of admission to the program. Treatment and rehabilitation plans are to include the following elements:
 - Goals and short-term objectives for treatment with targeted completion dates, as formulated collaboratively by both staff and consumer. Goals should be

realistic/achievable and stated in measurable terms. Goals should be written language that is easily understood by the consumer. Goals should also be consistent with the program model associated with the specific service.

- Type and frequency of treatment and rehabilitation interventions or services. At a minimum, consumers should receive group counseling twice per day, individual therapy twice per week, education, and family therapy as needed or upon request. Family group sessions should be offered at least one time per week when clinically indicated. Acute partial programs should exceed the minimum treatment requirements stated above.
- Identification of needed support services as a result of the biopsychosocial assessment, such as adult basic education, vocational assessment, life skills training, housing assistance, and case management. Referrals for any of the above services should be made (if able) while the member is in treatment. If this is not possible, consumers should be given the necessary phone numbers to initiate these services on their own or referred for case management services for assistance. Partial providers are expected to complete the case management referral process with consumers or on behalf of consumers. Reasons for not being able to make the necessary arrangements prior to a transition to another level of care must be clearly documented.
- Identification of the responsibilities of each member of the treatment team, including individuals outside of the partial program
- Demonstration of coordination between providers and other service systems where indicated. A plan for assisting the consumer to access other needed services. If psychiatric services are indicated and are not a core component of the partial program, the treatment plan should depict the steps to be taken to secure these services for the consumer.
- An individualized relapse prevention and/or safety plan, and recovery support plan
- The initiation of the transition planning process by identification of indicators for considering movement to a less intense level of care. Providers are to document active transition planning and coordination with providers of the next level of care. Clinical staff will incorporate adherence and motivational strategies in preparing consumers for the next level of care.
- Random urine screens as indicated.
- All treatment plans are to be reviewed and signed by the physician working with the partial hospitalization program.

Treatment Plan reviews:

Treatment plans shall be reviewed within 14 days of completion of the comprehensive treatment plan and at a minimum of every 30-calendar days thereafter for non-acute programs and every seven-calendar days for acute programs. Consumers should be

included in all treatment plan reviews and provided the continued opportunity to participate in planning for their recovery. The treatment plan update should include an assessment of the consumer's progress in relationship to the stated goals of the comprehensive treatment plan. At a minimum, the following issues should be addressed when completing a treatment plan review:

- Does the consumer have a need for additional education on chemical dependency and its effects?
- Is the consumer developing a support network (12 step or other)?
- How effective is the current relapse prevention plan? Does it need to be revised?
- Have any problems or issues been impacted as a result of treatment?
- Do the goals need to be revised?
- Do the treatment strategies or action steps need to be modified?
- Is closure reflected when goals have been achieved?
- Have any significant/traumatic events occurred since the previous review?

The treatment plan must be reviewed with the consumer. All treatment plan reviews and updates should be signed and dated by the consumer, primary counselor, and physician and countersigned by a supervisory counselor.

TREATMENT AND REHABILITATION SERVICES AND ACTIVITIES:

Staffing

Providers are expected to hire staff from diverse disciplines and with various competencies in order to provide the array of treatment and rehabilitation services expected of partial programs. All employees and contracted individuals providing clinical services working within the facility must comply with all Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensure staffing requirements. All staff must comply with training requirements (mandatory and non-mandatory) per licensing requirements. These trainings include PCPC, Confidentiality, MISA issues, HIV/Aids, STD/TB, and First Aid/CPR. All programs should also conduct training regarding harm reduction for program staff.

Multidisciplinary staffings should occur with participation by all staff responsible for providing services to consumers in the partial hospitalization program. This may include, but is not limited to:

- Addiction Counselor
- Program Director
- Clinical Supervisor
- Physician/Nursing Staff

- Social Worker
- Family Therapist
- Internal and external Case Management staff

The multidisciplinary staffings should review each consumer's current treatment plan, the adequacy of the program treatment and rehabilitation activities in meeting the consumer's identified needs, the consumer's responsiveness to treatment, and possible modifications to the current plan to better promote the consumer's progress.

Core Service Components

Partial programs are expected to have a well-defined program model that is clearly delineated in the program service description. All treatment and rehabilitation activities are to be delivered in a manner consistent with the written program service description. Partial providers are expected to have policies in place that demonstrate a commitment to regularly review the effectiveness of treatment and rehabilitation services. This review should include an assessment as to how well the current program schedule of services addresses the needs of the current population being served. Partial programs should be responsive to the needs of the population being served as demonstrated by modifications to the daily plan for services, and the introduction of innovative therapeutic activities in response to input from consumers. Partial programs are expected to designate a primary individual responsible for the development, approval, monitoring and evaluation of consumer services. Partial programs are expected to include input from consumers, and their families/significant others as appropriate, in continued program enhancement and development.

Partial programs are expected to offer the following core treatment and rehabilitation activities:

- Individual therapy
- Family psychotherapy and psychoeducation
- Group psychotherapy
- Psychiatric services, such as evaluations and medication monitoring. Where a program clearly cannot provide psychiatric services to the extent needed by the population being served, the partial hospitalization provider is expected to ensure that consumers get needed services through arrangements with outside agencies, demonstrated in letters of agreement/understanding.
- Group psychoeducational activities
- Crisis services during program hours
- Relapse prevention activities

- Recovery support services
- Educational opportunities to address addiction related issues
- Continuity of care activities to assist consumers as they transition between levels of care

When part of the partial hospitalization programming includes participation in off-site groups, the services are compensable when program staff accompanies consumers and participation in the groups is included in the consumer's treatment plan.

Each partial program is expected to adopt a written plan for the coordination of all consumer treatment and rehabilitation services. It is the responsibility of the partial provider to ensure that all other ancillary services a consumer may be receiving are integrated into the consumer's individualized holistic treatment and rehabilitation plan.

Partial hospitalization programs are expected to assess the ancillary support needs of the consumers they serve, and work with consumers to obtain the supports necessary to promote successful participation in the partial program. Needed ancillary support services may include transportation, childcare, attendance monitoring, housing and other basic care needs.

Continuity of Care Activities

Partial hospitalization programs must work with consumers to plan for the continuity of care as consumers prepare to move to other levels of care. Transition planning is expected to occur throughout the course of partial treatment. Partial providers must work collaboratively with other treatment providers and support service providers to assist consumers in transitioning between levels of care and to consistently promote community integration.

The continuity of care process begins at the time the consumer is admitted to a partial program. Based upon the information obtained during the initial assessment, there may be a need to identify resources for the individual in the need of housing, intensive case management services, entitlements, or more intensive and specialized programs. The continuity of care planning process includes:

- Working with county-based case managers
- Working with Community Treatment Teams where appropriate
- Coordination with collaborating service providers to link up members to appropriate mental health services, intensive case management, medication management, CRR, supportive housing, community treatment teams, etc. Partial providers are expected to utilize county intensive care managers to facilitate continuity of care across levels of care.

- Locating resources to support members in treatment and following discharge from treatment.
- Developing a transition of care plan with the respective treatment programs that is complete with identified dates, times and location of services to be provided after completion of the partial program.
- Tracking involuntary discharges and engaging the responsible case management teams (RC, CYF, ICM, etc) in re-engaging the consumer and/or family in treatment.
- Communication with Community Care, and the County, to ensure supplemental benefits are obtained.
- Ensuring that Community Care is informed of the accurate admission, treatment, and discharge status of the member.

Partial programs are expected to obtain written letters of agreement or understanding with treatment and support service providers to ensure continuity of care for the consumers they serve. Examples include, but are not limited to, occupational/vocational counseling providers, childcare, housing resources, and legal aid services. Special attention should be given to addressing confidentiality issues in the letters of agreement.

Documentation of Services

Partial providers must maintain documentation of all program activities in medical records and must comply with the Medical Assistance general documentation standards (1100 Regulations – specifically 1101.51 sections (d) and (e)). Progress notes are expected to fully describe the nature and extent of the services rendered and must be directly related to the treatment plan. All group, individual, and family sessions should be logged, and documented in a treatment note. The treatment note should follow the approved BDAP format, such as, DAP - Description, Assessment, and Plan. Documentation of services rendered is expected to be related to the goals of the consumer's treatment plan. Documentation should indicate the progress toward treatment goals, and the response to treatment. A review of the medical record should demonstrate the actions taken on part of the partial provider to obtain past treatment records and permission from the consumer to collaborate with current providers to ensure continuity of care.

DISCHARGE AND TRANSITION PLANNING

Because continuing engagement in treatment across treatment programs is a key factor in achieving positive outcomes in addiction treatment, partial providers are expected to demonstrate comprehensive transition planning. A fully developed transition plan should be in place when a consumer is ready to leave partial hospitalization services. Successful transition management is a process that should be driven by the consumer, and should take into consideration a full array of both professional services and community supports. A comprehensive transition plan addresses the following areas:

- For consumers with co-occurring mental illness, special attention must be given to ensure the development of an integrated transition plan that addresses the consumer's mental illness and addictive disorder.
- Partial providers must ensure that information regarding the consumer's progress in partial is provided to the agency where the consumer will be continuing care. The next provider should be made aware of the consumer's current treatment plan goals and the progress toward goals to date.
- Transition plans must clearly delineate responsibilities for care of consumers in transition periods.
- Partial providers must ensure that all necessary referrals to the next service or support providers are completed in a timely manner. Needs such as housing supports, transportation, job training, and childcare need to be addressed.
- Consumers should have the opportunity to meet the next provider prior to discharge from the partial program. Consumers must be aware of all follow-up care appointments.
- Consumers must have access to prescribed medications during transition periods. Partial providers are responsible for knowing the date of the next psychiatric appointment and for ensuring that the consumer has an adequate supply of medications.
- Consumers should have a single person to contact if any part of the transition plan does not occur as planned, or needs to be changed for any reason.
- Consumers should be made fully aware of local 12 step programs and other recovery support services.
- Family involvement is another key aspect of successful addiction treatment. To the extent permitted by the consumer, partial providers should engage family members and significant others in the transition planning process.
- Relapse prevention planning must be addressed in the transition plan.
- A plan for monitoring the implementation of the transition plan must be in place.
- Coordination with the PCP during this transition period is crucial.

Follow-up care appointments should be scheduled to occur within 7 days of discharge from the partial program.

QUALITY IMPROVEMENT AND OUTCOMES MEASUREMENT

All partial hospitalization programs are expected to have a quality improvement plan in place, as part of the organization's overall quality improvement initiative, demonstrating what outcomes measures are to be gathered on a routine basis, and the process for analysis of the data, and the development of quality improvement initiatives in response to this analysis. The partial hospitalization quality improvement plan should also be driven by the organization's overall quality improvement plan and include input from consumers. Providers are expected to share the information regarding the program's quality improvement plan during regularly scheduled quality audits by Community Care.

Obtaining data through an outcomes measurement program is essential to the development of a meaningful quality improvement plan. The following is a list of outcome indicators pertinent to partial hospitalization services. Each program is expected to design an outcomes measurement plan that serves their overall program goals and agency mission. Programs may chose to focus on a few priority indicators, such as:

- Level of consumer participation in the program
- Rate of inpatient or residential admissions during and after participation in the partial program
- Rate of discharges due to program completion
- Rate of goal attainment
- Level of functioning assessment
- Employment status
- Forensic involvement
- Housing stability
- Family unification or reunification
- Length of stay data
- Rate of successful transition to next level of care for consumers who have completed the partial program and are ready to move on to less intensive services and/or supports.

Consumers should be surveyed regarding their satisfaction with the services they received, and the overall facility on at least an annual basis. Results of these surveys should be incorporated into the program's quality improvement plan.

Partial providers should also survey referral sources to assess their satisfaction with the referral process and the treatment services provided by the partial program. Results of surveys of referral sources should also be incorporated into the program's quality improvement plan.

CULTURAL COMPETENCE

All partial providers are expected to support the development of cultural competence within their programs by:

- Offering ongoing staff training opportunities
- Promoting an open, respectful work and treatment environment
- Offering programming that recognizes the cultural diversity among the individuals being served

Providers are expected to maintain documentation of all initiatives to further develop the cultural competency and sensitivity of staff, and interventions to improve the overall cultural competence of their programs.

Results from consumer satisfaction surveys are one means of determining staff training needs to further develop cultural competency within programs.